



The undersigned agrees to rent the **Maryland Dietetic Association** list subject to the following conditions:

1. List will be used only for the **one-time direct mail** purpose for which it was approved.

a. **Program Title:** _____

b. **Location:** _____

c. **Date:** _____

2. List will not be duplicated, resold, or integrated into a permanent database.

3. Payment must be received before mailing list will be released.

Having read the above, the undersigned agrees to assume full responsibility for breach of these terms. Noncompliance will disqualify the undersigned from receiving future list rentals from the Maryland Dietetic Association.

Bill To:

Ship To:

Authorized Signature: _____

Print Name and Date: _____

Title and Phone Number: _____

Please select:

_____ Complete membership list (\$150.00)

_____ Partial membership list (\$75.00 base price, plus \$0.10 per name)

Discuss availability with MDA Membership Chair.

Method of transmission:

_____ Pressure sensitive labels

_____ E-mail Excel database to: _____

Please return Rental Agreement and payment to:

MDA

PO Box 642

Buckeystown, MD 21717

FAX: 410-891-9865

Questions? Phone: 410-591-9865 or email: execdirector@eatwellmd.org